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**Impact of Traumatic Disorder on Families of United Nation Soldiers
Deployed on Peace Keeping Missions**

Nevile Chi



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Keeping Missions**



^{1*} Nevile Chi

University of Tokyo, Japan

Corresponding Author Email: journals@iprjb.org

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Abstract

Purpose: The study sought to investigate the use of impact of traumatic disorder on families of United Nation soldiers deployed on peace keeping missions.

Materials and Methods: The study adopted a desktop methodology. Desk research refers to secondary data or that which can be collected without fieldwork. Desk research is basically involved in collecting data from existing resources hence it is often considered a low cost technique as compared to field research, as the main cost is involved in executive's time, telephone charges and directories. Thus, the study relied on already published studies, reports and statistics. This secondary data was easily accessed through the online journals and library.

Findings: The findings show that wives of military personnel on peacekeeping mission are beleaguered by a number of psychosocial problems among which are loneliness, fear that the husbands might lose their lives during the mission, children missing their fathers and lack of guidance and counseling on how coping could be achieved.

Unique Contribution to Theory, Practice and

Policy: The quantity of life theory was very instrumental in this study, future studies anchored on different context could benefit from the theory. The study recommended that, there is need to pay increased attention to military families affected by combat deployment to the current conflicts. Transitions such as those engendered by the deployment cycle offer prime opportunities to strengthen already present skills and introduce new strategies. Policy maker's needs to provide a framework for understanding and supporting military families affected by deployment, and adapt, a new implementation of family care being developed specifically for military families that empowers parents to be their children's best teachers.

Keywords: *Impact, Traumatic Disorder, Families, United Nation Soldiers, Deployed, Peace, Keeping, Missions.*

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INTRODUCTION

Military deployments and combat injuries among parents can present significant mental health challenges for families with children (Hisle, 2015). Children experience more mental health problems during parental deployment, including parent-reported increased internalizing and externalizing behaviors and increased use of mental and behavioral health services, despite decreased health care service use overall. These children are also more likely to be diagnosed with a mental health problem and adolescents experience a higher rate of psychiatric hospitalization during parental deployments (Alfano, 2016). Children's mental health difficulties are among the most significant issues facing military families during deployment separations and place a significant burden upon children and the military's health care delivery system. In addition, child maltreatment and child injuries, which can indicate undetected child maltreatment increase during periods of parental deployment in families with known maltreatment histories.

Children's use of mental health care services and reports of substantiated maltreatment increase, and primary preventive health care use decreases, during deployments (Cunitz, 2019). Study designs of previous research comparing children of currently deployed parents to children of currently non-deployed parents imply that periods of parental non-deployment are times of family health. Many studies, however, have not examined pre- and post-deployment periods, which may themselves be times of increased stress. Returning veterans perceive decreased warmth from, and involvement with, their children. Parental absences, of any type, during childhood are associated with decreased childhood happiness, increased child illness, and childhood mental health issues (Lester, 2016).

Military couples most often experience distress within their marriages. It is further suggested by Sullivan (2016) that the marital distress which occurs within military families is a direct byproduct of these back to back and extended deployments coupled by a lack of easy access long term counseling services. Thus these factors having an overarching impact on interactions throughout all of the relationships of both spouses, the soldier/civilian relationship and/or the soldier/soldier couples relationship alike. It would be my suggestion and one which is supported by Gewirtz (2011) would be that this area of investigation of looking into the impact of spousal stress which occurs secondary to their partners deployment(s) requires further research, for little is understood about this military marital dynamic and even less empirical data has been formed in this regard.

In Operation Iraqi Freedom and Operation Enduring Freedom, from October 2001 to January 2005, it was reported that among the individuals with combat-related injuries, a total of 1,566 military men/women in battle sustained 6,609 combat wounds, to the head (8%), eyes (6%), ears (3%), face (10%), neck (3%), thorax (6%), abdomen (11%), and extremities (54%). The proportion of head to neck injuries between 2001 and 2005 was higher than that suffered in World War II, Vietnam, and Korea wars (Mustilo, 2016). Furthermore, according to brainlinemilitary.org, a website that deals with TBI-related health conditions among US Militaries, while wounds caused by gunshots were 18% of the injuries in the period between 2001 to 2005, those caused by explosions were 78% of the total injuries, this being the highest percentage reached in any large-scale conflict. The US military data showed that between 2010 and 2011, 3 235,046 soldiers (4.2% of the 5,603,705) serving in the US Military were diagnosed with TBI (Cram, 2016). This clearly shows an increasing global TBI prevalence among soldiers at war zones emanating from war related

fatalities putting into considerations that the current terrorists strategies of attacks is majorly explosives. In the United States of America, there are well coordinated services program by the Department in charge of Veterans Affairs, Defense and Veterans Brain Injury Center and the US Department of Defense Military Health System ensuring a holistic health care program for war veterans, active duty military with TBI's and their dependents (Gribble, 2010). This ensures a bridge to a meaningful recovery and efforts to improve individual soldiers and family quality of life.

Traumatic brain injury disorders (TBI) cases are medically complex; they involve the physical, cognitive, behavioral, social, and emotional aspects of the survivor. Often causing sudden great damage and suffering (Kuhn, 2021). These cases require substantial financial resources not only for the survival of the patients but to achieve the optimal outcome of a functional life with return to family and work responsibilities for the long term. TBI cases involve the injured person, the family, medical professionals such as treating physicians, therapists, the employer, community resources, and the funding source. Case management is required to facilitate achievement of an optimal result by collaborating with all parties involved, assessing priorities and options, coordinating services, and educating and communicating with all concerned (Bartone, 2020).

In the United States alone, there are approximately 1.5 million TBI's per year, and TBI is the leading cause of death among individuals under the age of 45. In many cases, patients are left without the ability to work or to perform activities of daily living (ADLs). Initial management of TBI is the most critical time period because it will have the greatest effect on mortality and degree of debility that surviving patients will experience (Nelson et al, 2016). The first large-scale evidence of military-related TBI occurred in World War I (1914– 1918) in association with the frequent use of high explosives in trench warfare. Service members who experienced high doses of explosive artillery fire sometimes developed shell shock or “commotion cerebri,” a mysterious condition characterized by headache, amnesia, inability to concentrate, difficulty sleeping, depression, and suicidality. In military settings, most traumatic brain injuries (TBIs) are mild TBIs (mTBIs). Solomon (2022), asserted that for U.S. forces deployed to Afghanistan and Iraq in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), blast exposure is the leading cause of mTBI, although service members are also susceptible to concussions. 22 Estimates of the prevalence of mTBI among returning service members range from 15.2% to 22.8%, affecting as many as 320,000 troops. Despite their frequency, the acute and long-term effects of mTBI have been a relatively unexplored area of medical inquiry until very recently (Hoopsick, 2021). Of these, communication disorders affect an estimated 5-10% of the general population, estimates which include voice and speech disorders (3%), and language disorders (7%) (Zelkwotich, 2022)

Statement of the Problem

United Nations ex-war soldiers returning from Somalia and other war-torn countries with traumatic brain disorder and related communication disorders are not able to access multidisciplinary treatment services. This is due to the fact that there are no sufficient speech language related treatment facilities and professionals in the country to mitigate this need (Gaitho, 2009). Thus, their untreated conditions impact their functional and social abilities, hence affecting their quality of life, Stocchetti and Zanier (2016). In order to improve and maintain the quality of life among the ex-war soldiers living with traumatic disorder and related communication

disorders, it is imperative to assess and document the effects these speech-language and communication disorders have on the quality of life among the affected for action by the government. Our study will be essential as fewer research has been done on impact of traumatic disorder on families of United Nation Soldiers deployed on peace keeping missions our study will bridge that knowledge gap by shedding light on impact of traumatic disorder on families of United Nation Soldiers deployed on peace keeping missions.

THEORETICAL REVIEW

This study was guided by the Quality of Life (QoL) theory, a concept derived from the Maslow's hierarchy of needs (Sirgy, 1986). According to the theory, a given society is defined by the hierarchical needs satisfaction levels of most of its members. Thus, the researcher was interested in the satisfaction levels of the respondents which determined their quality of life. Away from the broad perspective of this theory, this study was solely focused on the Health-related quality of life (HRQOL) of the sampled individuals with relation to traumatic disorder and related speech and language disorders and the available treatment and rehabilitative services. High quality life is a multi-dimensional concept derived from the broad QoL theory which focuses on the impact health status has on individual's and their families quality of life – it includes domains of physical, functional, social and emotional well-being of the people in a given society. The study used HRQOL basing it on a logical thought that health outcomes should be measured in an attempt to assess the population's health to both save lives and improve their quality (CDC 2011) – which is accomplished through a concept that institutions in a society are there to serve human needs, and therefore a society's QoL. These institutions include productive, maintenance, managerial and political; and adaptive institutions. Each of these institutions in the society involves a hierarchical dimension. It was therefore argued that in order to realize a progressive increase in QoL in any society, hierarchical changes of these societal institutions must be made (Sirgy, 1986).

Empirical Review

Marimi (2020), conducted a study to examine the peace keeping operations influencing peace and stability in Dhobley District, Central Region, Somalia. The study sought to achieve three objectives; first, to examine the effectiveness of command and control AMISOM troops, second, to assess the relevance of missions mandate and thirdly to evaluate the adequacy of mission resources support. Cosmopolitan theory was used to explain the sources of capacity gaps and to develop the conceptual framework. The study used the case of peacekeeping in Somalia as the focal point of analysis. Data was collected from both primary and secondary sources then analyzed using Statistical Package for Social Science (SPSS) software version 24.0 and presented in tables with a brief description thereafter. This aided in establishing the recurrent themes within the under study. The derivative of this analytical process, i.e., the patterns, themes and categories of analysis that came from the data were then interpreted by the researcher based on objectives of the study. The findings revealed that commanders faced challenges of command and control of AMISOM troops and thus did not offer appropriate direction to the accomplishment of the mission. On missions' mandate, the findings revealed that the missions' mandate was not aligned to the realities of the conflict on the ground, and that it was not clear to AMISOM troops. Concerning mission resource support it was evident that the number of AMISOM troops was inadequate to accomplish the mission, the finances allocated for the Mission in Somalia was not enough and the equipment's used for fighting were not sufficient. The study concluded that an effective central command and

control structure is vital for mission success, achievement of the mission objectives is the most common way for people to measure if the mission was successful or not and also adequate mission resources, including staff, equipment and finances must be present and readily available for a mission to be a success. The study recommended that leadership of Peace Keeping missions should always offer appropriate direction to the accomplishment of a mission; Peacekeeping missions should have clear and achievable goals; and Peacekeeping missions, resources in terms of personnel, finances or equipment's should always be made available in adequate amounts.

Munyoki (2019), conducted a study to assess the effects of Brain Injury related communication disorders on the quality of life among the Kenya Defence Force ex-war soldiers. A case study research design was employed with mixed method of data collection using observations, interviews and questionnaires as the research tools of choice. The collected data was then analyzed using a descriptive analysis method presenting quantitative data in form of frequency counts, percentages and tables and thematically analyzing qualitative data. The study found out that a majority of ex-war soldiers with TBI suffered from heterogeneous communication disorders ranging from expressive, receptive to receptive-expressive speech/ language disorders. These were characterized with hesitations, articulation challenges, selective memory, slurred speech, and phonological errors. The research revealed that social life of the majority of ex-war soldiers was severely affected due to social communication break down between them and their loved ones. The study also found out that TBI conditions led to early retirements of most of young ex-war soldiers rendering them unable to engage in income generating activities affecting their functional well-being. The study also revealed gaps in the treatment procedures which included lack of multidisciplinary teams' interventions, relevant knowledge, support and informed corrective measures to habilitate ex-war soldiers and empower the caregivers.

Auma (2011), conducted a study to explore the psychosocial complaints of wives of military personnel on peacekeeping mission. The study was considered significant in that it was the first of its kind in Kenya. Although Kenyan Armed Forces first participated in peacekeeping operations in 1979 in Rhodesia (Zimbabwe) where a small Kenyan Army contingent was developed within the auspices of the Commonwealth, no study has been carried out to determine how the wives of the Military Personnel left behind are coping in the face of their husbands' absence. A survey research design was used for the study. The sample for the study was composed, drawn from two Armed Forces camps, namely the Moi Air Base and the Langata Barracks. These were used to represent the Air Force and the Kenyan Army respectively. On the whole wives of Military Personnel on peace mission took part in the study. An attitude scale and a questionnaire formed the instruments for data collection. Data were analysed by means of descriptive statistics. The findings show that wives of Military Personnel on peacekeeping mission are beleaguered by a number of psychosocial problems among which are loneliness, fear that the husbands might lose their lives during the mission, children missing their fathers and lack of guidance and counseling on how coping could be achieved.

Peter (2013), conducted a study on to assess the effects of Traumatic Brain Injury (TBI) related communication disorders on the quality of life among the Kenya Defence Force ex-war soldiers. It was motivated by the increasing cases of TBIs over the last few years due to Kenyan military intervention in Somalia in pursuit of the Al-Shabaab terrorists. Data was collected from the sampled Kenya Defence Force Ex-war Soldiers with TBI-related communication disorders who

were either attending or had attended treatment at the military memorial hospital in Nairobi, their caregivers and medical specialists. A case study research design was employed with mixed method of data collection using observations, interviews and questionnaires as the research tools of choice. The collected data was then analyzed using a descriptive analysis method presenting quantitative data in form of frequency counts, percentages and tables and thematically analyzing qualitative data. The study found out that a majority of ex-war soldiers with TBI suffered from heterogeneous communication disorders ranging from expressive, receptive to receptive-expressive speech/language disorders. These were characterized with hesitations, articulation challenges, selective memory, slurred speech, and phonological errors.

Kenneth (2015), conducted a study to determine the impact of parental deployment and combat injury on young children's post deployment mental health, injuries, and maltreatment. This is a population-based, retrospective cohort study of young children of active duty military parents during fiscal years (FY) 2006 to 2007, a high deployment period. A total of 487,460 children, 3 to 8 years of age, who received Military Health System care, were included. The relative rates of mental health, injury, and child maltreatment visits of children whose parents deployed and children of combat-injured parents were compared to children unexposed to parental deployment. Of the included children, 58,479 (12%) had a parent deploy, and 5,405 (1%) had a parent injured during deployment. The study found out that relative to children whose parents did not deploy, children of deployed and combat-injured parents, respectively, had additional visits for mental health diagnoses (incidence rate ratio [IRR] = 1.09 [95% CI = 1.02-1.17], IRR = 1.67 [95% CI = 1.47-1.89]), injuries (IRR = 1.07 [95% CI = 1.04-1.09], IRR = 1.24 [95% CI = 1.17-1.32]), and child maltreatment (IRR = 1.21 [95% CI = 1.11-1.32], IRR 2.30 = [95% CI 2.02-2.61]) post deployment. Young children of deployed and combat-injured military parents have more post deployment visits for mental health, injuries, and child maltreatment. Mental health problems, injuries, and maltreatment after a parent's return from deployment are amplified in children of combat-injured parents. Increased preventive and intervention services are needed for young children as parents return from deployments.

METHODOLOGY

The study adopted a desktop methodology. Desk research refers to secondary data or that which can be collected without fieldwork. Desk research is basically involved in collecting data from existing resources hence it is often considered a low cost technique as compared to field research, as the main cost is involved in executive's time, telephone charges and directories. Thus, the study relied on already published studies, reports and statistics. This secondary data was easily accessed through the online journals and library.

RESULTS

The results were grouped into various research gap categories namely as conceptual, and methodological gap.

Research Gaps

A conceptual gap occurs when desired research findings provide a different perspective on the issue discussed. Kenneth (2015), conducted a study to determine the impact of parental deployment and combat injury on young children's post deployment mental health, injuries, and

maltreatment. The study found out that relative to children whose parents did not deploy, children of deployed and combat-injured parents, respectively, had additional visits for mental health diagnoses (incidence rate ratio [IRR] = 1.09 [95% CI = 1.02-1.17], IRR = 1.67 [95% CI = 1.47-1.89]), injuries (IRR = 1.07 [95% CI = 1.04-1.09], IRR = 1.24 [95% CI = 1.17-1.32]), and child maltreatment (IRR = 1.21 [95% CI = 1.11-1.32], IRR 2.30 = [95% CI 2.02-2.61]) post deployment. The study presented a conceptual as our study will focus on impact of traumatic disorder on families of United Nation Soldiers deployed on peace keeping missions.

Secondly, a methodological gap presents itself in this study, for example, the study conducted by Auma (2011), explored the psychosocial complaints of wives of military personnel on peacekeeping mission used survey research design to analyze data while our study will use a desk study literature review methodology.

CONCLUSIONS AND RECOMMENDATIONS

Conclusion

The research revealed that social life of the majority of ex-war soldiers was severely affected due to social communication break down between them and their loved ones. The study also found out that TBI conditions led to early retirements of most of young ex-war soldiers rendering them unable to engage in income generating activities affecting their functional well-being. The study also revealed gaps in the treatment procedures which included lack of multidisciplinary teams“ interventions, relevant knowledge, support and informed corrective measures to habilitate ex-war soldiers and empower the caregivers.

The findings show that wives of military personnel on peacekeeping mission are beleaguered by a number of psychosocial problems among which are loneliness, fear that the husbands might lose their lives during the mission, children missing their fathers and lack of guidance and counseling on how coping could be achieved

Recommendations

The study recommended that, there is need to pay increased attention to military families affected by combat deployment to the current conflicts. Transitions such as those engendered by the deployment cycle offer prime opportunities to strengthen already present skills and introduce new strategies. Policy maker’s needs to provide a framework for understanding and supporting military families affected by deployment, and adapt, a new implementation of family care being developed specifically for military families that empowers parents to be their children’s best teachers.

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